MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO / 070 175

FILING DATE

DEP.

APPLICANT(S)

CLAIMS

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		\neg	
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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